

Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA	NIA 460
Cover Page	Statement covers period 01/01/2020 through 06/30/2020	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 18 For Official Use Only
Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4 X Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Complete Part 5) Also Complete Part 6) Complete Part 5) Also Complete Part 6) Complete Part 7) Also Complete Part 7) Complete Part 7)	tees – Complete Parts 1, 2, 3, and 4 Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement X Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain Below)	,	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ ☐ ☐	30 JUL 2020 PH12-49
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Gloria Soto for Santa Maria City Council District 3 2018	I.D. NUMBER 1407086 MMMITTEE) Sil District 3 2018	Treasurer(s) NAME OF TREASURER Monica Intaglietta MAILING ADDRESS 226 East Canon Perdido Street #D			
STREET ADDRESS (NO P.O. BOX) 818 Dante Drive CITY Santa Maria, CA 93458 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 5252	STATE ZIP CODE AREA CODE/PHONE OR P.O. BOX	Santa Barbara, CA 93101 Santa Barbara, CA 93101 NAME OF ASSISTANT TREASURER, IF ANY Juan Pablo Anguiano MAILING ADDRESS 206 North Curryer Street	STATE	ZIP CODE	AREA CODE/PHONE 8057090595
CITY Santa Maria, CA 93456 OPTIONAL: FAX / E-MAIL ADDRESS monica@cicsb.com	STATE ZIP CODE AREA CODE/PHONE	CITY Santa Maria, CA 93458 OPTIONAL: FAX / E-MAIL ADDRESS monica@cicsb.com	STATE	ZIP CODE	AREA GODE/PHONE
4. Verification I have used all reasonable ditigence in preposition of the complete. I certify under penalty of perjury under penalty of perjury under penalty of perjury under penalty of perjury under the complete. I certify under penalty of particulation. Executed on DATE Executed on DATE DATE	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is rule and correct. Executed on DATE By Signature of Controlling Officeholder, State Measure Proponent or Responsible Officer of Sponsor Executed on DATE By Signature of Controlling Officeholder, Candidate, State Measure Proponent	of my knowledge the information contained herein and in the attached sched regoing is injected for the source. Signature of Controlling Officer of Spansor Signature of State Measure Proponent or Responsible Officer of Spansor Signature of Controlling Officer of Spansor Signature of Controlling Officer of Spansor Signature of Controlling Officer of Spansor	mation contained herein and in the of Treasurer of Assistant Treasurer diddate. State Measure Proponent or Respons Officeholder Candidate. State Measure Proponent Candidate. State Measure Proponent Candidate.	e attached schedu	les is true and

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
GIORIA SOTO OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	: APPLICABLE)	BALLOT NO OR LETTER JURISDICTION		TROPPORT
City Council Member City of Santa Maria	ಣ			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP			
818 W Dante Drive Santa Maria, CA 93458	CA 93458	Identify the controlling officeholder, c	Identify the controlling officeholder, candidate, or state measure proponent, if any.	f any.
Related Committees Not Included in this Statement: List any committees	отпіttees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ONENT	
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy	отпеd to receive contributions	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7. Primarily Formed Candidate/Officeholder Committee List na officeholder(s) or candidate(s) for which this committee is primarily formed.	eholder Committee List names of this committee is primarily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	, BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE	THE OF STREET STREET		OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDALE		SUPPORT
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	ED COMM			OPPOSE
	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD] SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX)	5. BOX)			OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE			

through from Amounts may be rounded to whole dollars. Campaign Disclosure Statement

SUMMARY PAGE

FPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) 18 Calendar Year Summary for Candidates 8 8 7/1 to Date Running in Both the State Primary and Expenditures Limit Summary for State *Amounts in this section may be different from amounts Total to Date Cumulative Expenditures Made* ð (if Subject to Voluntary Expenditure Limit) 1407086 ന LD. NUMBER Page 1/1 through 6/30 90 8 General Elections Date of Election (mm/dd/yy) reported in Column B. Statement covers period 01/01/2020 06/30/2020 21. Expenditures Candidates 20, Contributions Received Made only carry over the amounts previous period amounts. If amounts in Column A may should be subtracted from this is the first report being filed for this calendar year of your last report. Some from Lines 2, 7, and 9 (if amounts from Column B add amounts in Column be negative figures that To calculate Column B, A to the corresponding CALENDAR YEAR TOTAL TO DATE Column B 3,150.00 3,150.00 3,150.00 00 8 8 8 8 8 8 8 any). TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column A 6,807.56 3,150.00 3,657.56 3,150.00 3,150.00 3,150.00 8 8 8 8 8 8 8 8 8 8 8 00. 8 64 49 Monetary ContributionsSchedule A, Line 3 Schedule B, Line 3 Add Lines 1+2 Schedule C, Line 3 Add Lines 3 + 4 Schedule B, Line 2 12. Beginning Cash Balance Previous Summary Page, Line 16 6. Payments Made Schedule E, Line 4 Add Lines 12 + 13 + 14, then subtract Line 15 Column A, Line 3 above Schedule I, Line 4 Cash Payments Column A, Line 8 above Schedule H, Line 3 Add Lines 6 + 7 Add Lines 8 + 9 + 10 63 Schedule F, Line 3 Schedule C, Line 3 ₩ Outstanding Debts Add Line 2 + Line 9 in Column B above See instructions on reverse TOTAL CONTRIBUTIONS RECEIVED. 17. LOAN GUARANTEES RECEIVED, Gloria Soto for Santa Maria City Council District 3 2018 If this is a termination statement, Line 16 must be zero. SUBTOTAL CASH PAYMENTS... Cash Equivalents and Outstanding Debts Loans Received SUBTOTAL CASH CONTRIBUTIONS. 14. Miscellaneous Increases to Cash 7. Loans Made 11. TOTAL EXPENDITURES MADE, 9. Accrued Expenses (Unpaid Bills) 4. Nonmonetary Contributions Cash Receipts..... ENDING CASH BALANCE 10. Nonmonetary Adjustment Current Cash Statement SEE INSTRUCTIONS ON REVERSE NAME OF FILER Contributions Received Cash Equivalents ... **Expenditures Made** Summary Page

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Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2020 from

₽ CALIFORNIA 4 FORM Page __

SCHEDULEA

06/30/2020

8

I.D. NUMBER

1407086

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IF INDIVIDUAL, ENTER CONTRIBUTOR

FULL NAME, STREET ADDRESS AND ZIP CODE OF

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CONTRIBUTOR

DATE RECEIVED

AMOUNT RECEIVED THIS PERIOD

CALENDAR YEAR
(JAN, 1 - DEC, 31)

□□□□□ SCC T T T SCC

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FPPC Form 460 (Jan/2016)

OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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__TOTAL \$

1 1 SUBTOTAL \$

(other than PTY or SCC)

COM - Recipient Committee

IND - Individual

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2. Amount received this period - unitemized monetary contributions of less than \$100

1. Amount received this period - itemized monetary contributions.

Schedule A Summary

(Include all Schedule A subtotals.) - - - -

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) _

3. Total monetary contributions received this period.

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* Contributor Codes

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PER ELECTION TO DATE (IF REQUIRED)

through

Schedule B - Part 1 Loans Received

to whole dollars.	Statement covers period	CALIF
	from 01/01/2020	F.
	through 06/30/2020	Page
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		I.D. NUMB
City Council District 9 2010		

SCHEDULE B - PART 1

LIFORNIA FORM 18

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SEE INSTRUCTIONS ON REVERSE								
NAME OF FILER							I.D. NUMBER	
Gloria Soto for Santa Maria City Council District 3 2018	cil District 3 2018						1407086	986
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER ID NIMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER	(a) Ol BEG	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(c) AMOUNT PAID (d) OUTSTANDING OR FORGIVEN BALANCE AT THIS PERIOD ** CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	NAME OF BUSINESS)	PERIOD			PERIOD			
				☐ PAID				CALENDAR YEAR
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* IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	

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1. Loans received this period	
(Total Column (b) plus unitemized loans of less than \$100.)	* Contributor Codes
2. Loans paid or forgiven this period	IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)
3. Net change this period. (Subtract Line 2 from Line 1.)	PTY - Political Party SCC - Small Contributor Committee

(May be a negative number) 00 - - NET \$

*Amounts forgiven or paid by another party also must be reported on Schedule A	
** If required.	

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Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov (Enter (e) on Schedule E, Line 3)

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SUBTOTALS \$

Schedule B - Part 2 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2 CALIFORNIA Statement covers period

01/01/2020 from

FORM

06/30/2020

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I.D. NUMBER

9 Page .

CALENDAR DATE

LENDER

S PER ELECTION (IF REQUIRED)

BALANCE OUTSTANDING TO DATE

CUMULATIVE TO DATE

1407086

through

AMOUNT GUARANTEED THIS PERIOD

LOAN

OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IF AN INDIVIDUAL, ENTER

CONTRIBUTOR CODE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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Enter on Summary Page, Line 17 only.

SUBTOTAL

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DATE

Nonmonetary Contributions Received Schedule C

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period 01/01/2020 from

SCHEDULEC

06/30/2020 through

FORM LD. NUMBER Page .

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1407086

CUMULATIVE TO DATE CALENDAR YEAR AMOUNT/ FAIR MARKET VALUE

TO DATE (IF REQUIRED) PER ELECTION

DESCRIPTION OF GOODS OR SERVICES

OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

IF INDIVIDUAL, ENTER

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR

DATE RECEIVED

CONTRIBUTOR CODE * O NO

OTH PTY SCC

SOM OTH PTY

SCC

* Contributor Codes IND - Individual

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OTH - Other (e.g., business entity) (other than PTY or SCC) COM - Recipient Committee

SCC - Small Contributor Committee PTY - Political Party

TOTAL

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Total nonmonetary contributions received this period.
 (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

2. Amount received this period - unitemized nonmonetary contributions of less than \$100.

1. Amount received this period - itemized nonmonetary contributions.

Schedule C Summary

(Include all Schedule C subtotals.) - - -

SUBTOTAL \$

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Candidates, Measures, and Committees Supporting/Opposing Other Summary of Expenditures Schedule D

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA 46 œ Page __ Statement covers period 01/01/2020 06/30/2020 through from

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I.D. NUMBER

NAME OF FILER Cloris Soft for Santa Maria City Council District 3 2018

Gloria Soto	Gloria Soto for Santa Maria City Council District 3 2018				1407086	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
02/26/2020	Миліїo for Assembly 2020	X Monetary Contribution Normonetary Contribution		\$00.00	500.00	
	DISTRICT #:	Independent				
	X Support	Expenditure				
	Dawn Addis For Assembly 2020					
05/20/2020		Monetary Contribution Nonmonetary		200.00	500.00	
	DISTRICT#:	Independent				
	X Support Oppose	Expenditure				
	Dawn Addis For Assembly 2020					
		X Monetary Contribution				

Nonmonetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure \times

DISTRICT #:

06/23/2020

750.00

250.00

500.00

500.00

esoddo 🗌 Oppose Sotelo For Santa Maria City Council X Support

X Support

DISTRICT #:

06/26/2020

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

1,750.00

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SUBTOTAL

SCHEDULE D PER ELECTION TO DATE CALIFORNIA 46 (IF REQUIRED) <u>8</u> oţ FORM တ CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31) I.D. NUMBER Page __ 1407086 00. Statement covers period 01/01/2020 06/30/2020 AMOUNT THIS PERIOD through from DESCRIPTION (IF REQUIRED) Amounts may be rounded to whole dollars. TYPE OF PAYMENT Nonmonetary Independent Monetary Contribution \times NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Gloria Soto for Santa Maria City Council District 3 2018 Oppose Candidates, Measures, and Committees X Support Supporting/Opposing Other Summary of Expenditures DISTRICT #: Schedule D NAME OF FILER DATE

SCHEDULE D SUMMARY

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1. Itemized contributions and indepo	7
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2. Unitemized contributions and independent expenditures made this period of under \$100 . - - -

1,750.00	
- TOTAL \$ -	
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ge.)	00.
ident expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Pa	SUBTOTAL \$
3. Total contributions and independent expenditures made this per	

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Amounts may be rounded to whole dollars.

SCHEDULEE CALIFORNIA 46 8 ਰ 9 **FORM** Page __ Statement covers period 01/01/2020 06/30/2020 through from

1407086 LD NUMBER Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)* CNS campaign consultants

FIL candidate filing/ballot fees FND fundraising events CVC civic donations

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

LIT campaign literature and mailings

POL polling and survey research PET petition circulating OFC office expenses phone banks PHO

postage, delivery and messenger services professional services (legal, accounting) POS postage, c PRO profession PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals TRC candidate travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00
Murillo for Assembly 2020 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 1421455	СТВ		500.00
* Payments that are contributions or independent expenditures must also be summarized on	on Schedule D.	SUBTOTAL \$	875.00

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Amounts may be rounded to whole dollars.

SCHEDULEE 8 ŏ 7 Page _ Statement covers period 01/01/2020 06/30/2020 through from

1407086 I.D. NUMBER SEE INSTRUCTIONS ON REVERSE

Gloria Soto for Santa Maria City Council District 3 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications CMP campaign paraphernalia/misc, CNS campaign consultants

CTB contribution (explain nonmonetary)*

FIL candidate filing/ballot fees

CVC civic donations

FND fundraising events

PET petition circulating office expenses OFC

polling and survey research phone banks POL PHO

postage, delivery and messenger services professional services (legal, accounting) print ads POS PRO PRT

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings

RAD radio airtime and production costs RFD returned contributions

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals SAL campaign workers' salaries

TSF transfer between committees of the same candidate/sponsor TRS staff/spouse travel, lodging, and meals

VOT voter registration WEB information technology costs (internet, e-mail)

AMOUNT PAID 150.00 75.00 DESCRIPTION OF PAYMENT 9 R CODE OFC PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4142 Adams Avenue Suite 103-550 Integrated Solutions: Political 226 East Canon Perdido Street 226 East Canon Perdido Street Santa Barbara, CA 93101 San Diego, CA 92116 C&I Consulting C&I Consulting

75.00 OFC 4142 Adams Avenue Suite 103-550 Integrated Solutions: Political San Diego, CA 92116

PRO

Santa Barbara, CA 93101

150.00

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov FPPC Form 460 (Jan/2016)

450.00

SUBTOTAL \$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2020 from

through

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1407086

I.D. NUMBER

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

Gloria Soto for Santa Maria City Council District 3 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings

MTG meetings and appearances PET petition circulating OFC office expenses

postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads PHO phone banks
POL polling and survey research
POS postage, delivery and messe

TEL 1.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

AMOUNT PAID 75.00 DESCRIPTION OF PAYMENT R CODE OFC NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4142 Adams Avenue Suite 103-550 Integrated Solutions: Political San Diego, CA 92116

PRO 226 East Canon Perdido Street Santa Barbara, CA 93101 C&I Consulting

150.00

500.00

Dawn Addis For Assembly 2020 Sacramento, CA 95841 5429 Madison Avenue

CTB

4142 Adams Avenue Suite 103-550 Integrated Solutions: Political ID: 1422314

San Diego, CA 92116

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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800.00

SUBTOTAL \$

75.00

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period 01/01/2020 from

SCHEDULE E

Page __ 06/30/2020

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I.D. NUMBER

through

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

1407086

RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries

meetings and appearances

MBR member communications MTG meetings and appearance

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel. lodging, and meals

AMOUNT PAID

DESCRIPTION OF PAYMENT

윉

CODE

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

PRO

150.00

250.00

500.00

IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings

PRO profession PRT print ads

postage, delivery and messenger services professional services (legal, accounting)

POS

PHO phone banks POL polling and survey research

PET petition circulating

office expenses

OFC .

CTB contribution (explain nonmonetary)*

FIL candidate filing/ballot fees

CVC civic donations

FND fundraising events

CMP campaign paraphernalia/misc.

CNS campaign consultants

TSF transfer between committees of the same candidate/sponsor VOT voter registration
WEB information technology costs (internet, e-mail)

226 East Canon Perdido Street C&I Consulting

Santa Barbara, CA 93101

Dawn Addis For Assembly 2020

Sacramento, CA 95841 5429 Madison Avenue

CTB

ID: 1422314

Sotelo For Santa Maria City Council 226 East Canon Perdido Street #D

Santa Barbara, CA 93101

CTB

ID: 1425088

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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900.00

SUBTOTAL \$

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2020 from

through

SCHEDULEE 8 ō CALIFORNIA 4 Page __ 06/30/2020

1407086

I.D. NUMBER

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Gloria Soto for Santa Maria City Council District 3 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications

CTB contribution (explain nonmonetary)* CMP campaign paraphernalia/misc. CNS campaign consultants

CVC civic donations

IND independent expenditure supporting/opposing others (explain)* FIL candidate filing/ballot fees FND fundraising events

LIT campaign literature and mailings LEG legal defense

MTG meetings and appearances POL polling and survey research PET petition circulating OFC office expenses phone banks PHO

postage, delivery and messenger services professional services (legal, accounting) PRO profession PRT print ads POS

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals RAD radio airtime and production costs RFD returned contributions SAL campaign workers salaries

VOT voter registration WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

AMOUNT PAID DESCRIPTION OF PAYMENT 8 CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEF, AI SO ENTER I.D. NUMBER)

Schedule E Summary

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2. Unitemized payments made this period of under \$100 -

3,150,00	SUBTOTAL \$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 5.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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3,150.00

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Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA LG <u>8</u> ō 5 FORM I.D. NUMBER Page Statement covers period 01/01/2020 06/30/2020 through from

1407086

Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications OFC office expenses CTB contribution (explain nonmonetary)* CMP campaign paraphernalia/misc. CNS campaign consultants

POL polling and survey research petition circulating PHO phone banks PET FIL candidate filing/ballot fees CVC civic donations

POS postage, delivery and messenger services PRO professional services (legal, accounting) IND independent expenditure supporting/opposing others (explain)* campaign literature and mailings FND fundraising events LEG legal defense

VOT voter registration WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

TRS staff/spouse travel, lodging, and meals

TRC candidate travel, lodging, and meals

TEL t,v, or cable airtime and production costs

SAL campaign workers' salaries RFD returned contributions

RAD radio airtime and production costs

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) AMOUNT INCURRED THIS PERIOD OUTSTANDING BALANCE BEGINNING OF THIS PERIOD CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME AND ADDRESS OF CREDITOR

SCHEDULE F SUMMARY

- 8 - INCURRED TOTALS \$ accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.). - -1, Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 8 - - PAID TOTALS \$ 1 ŀ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- * NET \$ 1 1 ı 1 1 1 1 1 Į 1 1 1 on the Summary Page, Column A, Line 9.) _______ 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

8 ↔ H ↔ 49 SUBTOTALS * Payments that are contributions or independent expenditures must also be summarized on Schedule D. FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

SCHEDULE G CALIFORNIA 46(8 ₹ 16 FORM I.D. NUMBER Page __ Statement covers period 01/01/2020 06/30/2020 through from

1407086

Gloria Soto for Santa Maria City Council District 3 2018 NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances OFC office expenses PET petition circulating MBR member communications CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)* CNS campaign consultants

FIL candidate filing/ballot fees FND fundraising events CVC civic donations

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

LIT campaign literature and mailings

POL polling and survey research

PHO phone banks

POS postage, delivery and messenger services PRO professional services (legal, accounting)
PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration TEL 1,v. or cable airlime and production costs TRS staff/spouse travel, lodging, and meals TRC candidate travel, lodging, and meals RFD returned contributions SAL campaign workers' salaries

RAD radio airtime and production costs

WEB information technology costs (internet, e-mail)

DESCRIPTION OF PAYMENT

8

CODE

AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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Payments that are contributions or independent expenditures must also be summarized on Schedule D.

^{**} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Loans Made to Others* Schedule H

Amounts may be rounded to whole dollars.

SCHEDULE H (g) CUMULATIVE LOANS TO DATE S PER ELECTION** CALENDAR YEAR <u>8</u> ð 1407086 CALIFORNIA (f) ORIGINAL AMOUNT OF DATE INCURRED 17 FORM LOAN I.D. NUMBER Page __ (e) INTEREST RECEIVED RATE Statement covers period 01/01/2020 06/30/2020 6 (c) REPAYMENT (d) OUTSTANDING OR FORGIVENESS BALANCE AT THIS PERIOD * CLOSE OF THIS CLOSE OF THIS PERIOD DATE DUE through from ↔ FORGIVEN PAID 69 S (b) AMOUNT LOANED THIS PERIOD 63 (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD S IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) Gloria Soto for Santa Maria City Council District 3 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

w SUBTOTALS

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summarized on Schedule D. Loans forgiven must also be reported on Schedule E *Loans that are contributions to another candidate or committee must also be

Miscellaneous Increases to Cash Schedule I -

Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA 460 8 ō <u>&</u> I.D. NUMBER Page Statement covers period 01/01/2020 06/30/2020 through from

> Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DESCRIPTION OF RECEIPT

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE RECEIVED

AMOUNT OF INCREASE TO CASH

1407086

Schedule I Summary

- 8 1. Itemized increases to cash this period.. - - -
- 8 2. Unitemized increases to cash of under \$100 this period.. –
- 1 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) -

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_TOTAL \$ 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) _ **SUBTOTAL \$**

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